



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention

Exceptions to Plan Requirements

Planning Year _____

Facility Name _____

DEP Facility ID Number _____

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



*Method:
E = Eliminate
R = Reduce
below reporting
threshold

I certify under penalty of law that to the best of my knowledge and belief the following is true:

1. ☐ This facility has no exceptions to planning requirements - skip to plan summary form.
2. ☐ This facility has eliminated or reduced below threshold the following chemicals – indicate CAS#
Chemical Name, Method, and Steps taken.

3.

1 CAS#	2 Chemical Name	3 Method*	4 By taking the following steps:
		E R	
3.a.1	3.a.2	<input type="checkbox"/> <input type="checkbox"/>	3.a.4
3.b.1	3.b.2	<input type="checkbox"/> <input type="checkbox"/>	3.b.4
3.c.1	3.c.2	<input type="checkbox"/> <input type="checkbox"/>	3.c.4
3.d.1	3.d.2	<input type="checkbox"/> <input type="checkbox"/>	3.d.4
3.e.1	3.e.2	<input type="checkbox"/> <input type="checkbox"/>	3.e.4
3.f.1	3.f.2	<input type="checkbox"/> <input type="checkbox"/>	3.f.4
3.g.1	3.g.2	<input type="checkbox"/> <input type="checkbox"/>	3.g.4
3.h.1	3.h.2	<input type="checkbox"/> <input type="checkbox"/>	3.h.4
3.i.1	3.i.2	<input type="checkbox"/> <input type="checkbox"/>	3.i.4
3.j.1	3.j.2	<input type="checkbox"/> <input type="checkbox"/>	3.j.4
3.k.1	3.k.2	<input type="checkbox"/> <input type="checkbox"/>	3.k.4
3.l.1	3.l.2	<input type="checkbox"/> <input type="checkbox"/>	3.l.4
3.m.1	3.m.2	<input type="checkbox"/> <input type="checkbox"/>	3.m.4
3.n.1	3.n.2	<input type="checkbox"/> <input type="checkbox"/>	3.n.4
3.o.1	3.o.2	<input type="checkbox"/> <input type="checkbox"/>	3.o.4

- p. Do you have additional chemicals to list? Yes ☐ No ☐
If filing on paper, please attach an additional sheet to continue.

- q. ☐ This facility is scheduled to close:

Date (mm/dd/yyyy) _____

4. I am aware that there are penalties for submitting false information, including possible fines.

a Signature of Senior Management Official _____

b Date (mm/dd/yyyy) _____

c Print Name of Senior Management Official _____

d E-Mail Address _____